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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,810.00)

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/089,252 |
| Filing Date | March 28, 2002 |
| First Named Inventor | Patrick KLEINER |
| Examiner Name | R. S. Al Aubaidi |
| Art Unit | 2614 |
| Attorney Docket No. | 449122026200 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--------------|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| - 20 = | x | = | | | |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|---------------|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| - 3 = | x | = | | | |

HP = highest number of independent claims paid for, if greater than 3.

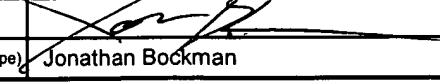
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 | (round up to a whole number) x | = | |

| 4. OTHER FEE(S) | | Fees Paid (\$) |
|---|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | | |
| Other (e.g., late filing surcharge): 1801 Request for Continued Examination | | 790.00 |
| 1253 Three-month extension of time | | 1,020.00 |

SUBMITTED BY

| | | | | | |
|-------------------|---|-----------------------------------|--------|-----------|---------------|
| Signature |  | Registration No. (Attorney/Agent) | 45,640 | Telephone | 703.760.7769 |
| Name (Print/Type) | Jonathan Bockman | | | Date | July 21, 2006 |